



Alameda Recreation and Park Department - (510) 747-7529

# FLAG FOOTBALL CLINICS

## FOR BOYS AND GIRLS IN KINDERGARTEN - 6TH GRADE

The Alameda Recreation and Parks Flag Football program is designed to teach youngsters the basics of football while building self-esteem, teaching skills, teamwork and sportsmanship all in a fun setting. Each participant will take part in a clinic run by ARPD staff.



### NERF FLAG FOOTBALL (Class #10356)

For Kindergarten to 2nd Graders

Fridays, October 7 to November 11, 2011 - 5:30 - 6:30 p.m.

\$90 per participant - includes t-shirt!

Leydecker Park

### FLAG FOOTBALL (Class #10357)

For 3rd to 6th Graders

Fridays, October 7 to November 11, 2011 - 6:30 - 7:30 p.m.

\$90 per participant - includes t-shirt!

Leydecker Park



**Registration Deadline: Thursday, September 22, 2011 (due to ARPD Office Closed on Fridays)**

All clinics will take place at Leydecker Park, 3225 Mecartney Road, Alameda (Bay Farm Island)

Cleats are recommended but not required. Uniform not necessary. Please wear comfortable clothing. Bring water to drink.

Please complete and return form with payment (cash, check made payable to ARPD, MasterCard or VISA) no later than **THURSDAY, SEPTEMBER 22, 2011**, to the Alameda Recreation and Park Department, 2226 Santa Clara Ave, Alameda 94501. FAX registrations accepted with VISA/MasterCard: (510) 523-4071. Save time and register online at [www.arpdplay.com](http://www.arpdplay.com). **SAVE YOUR RECEIPTS! THERE IS A \$5 SERVICE CHARGE PER RECEIPT TO REPRINT RECEIPTS.** ARPD reserves the right to cancel programs due to low enrollment. Alternate programs may not be available. Grade verification may be required.

**CANCELLATION POLICY:** In the event a class is cancelled by ARPD, full refunds will be issued. There will be a \$15 administration fee for any class/camp change, withdrawal or refund request. Refunds will not be issued for cancellations initiated by participants as credits will be applied to your ARPD account for any future ARPD programs.

I hereby give my child permission to participate in the "2011 Youth Flag Football Clinics" program sponsored by the Alameda Recreation and Park Department on Fridays, October 7 to November 11, 2011 at Leydecker Park.

**PLEASE CHECK ONE:**     **CLASS #10356 - K-2ND GRADES**     **CLASS #10357 - 3RD - 6TH GRADES**

**CHILD'S NAME:** \_\_\_\_\_ **BIRTHDATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **AGE:** \_\_\_\_ **GRADE:** \_\_\_\_     **BOY**     **GIRL**

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_ **HOME PHONE:** (\_\_\_\_) \_\_\_\_\_

Please note: Registrations for children requiring special attention are reviewed on a case-by-case basis with the Program Supervisor. Be sure to provide as much detail as possible, including any physical or emotional needs or medications involved. Recreation Department Staff do not receive specialized training for various special needs, but will work with individuals as appropriate to provide a positive experience.

**ALLERGIES, MEDICAL PROBLEMS:** \_\_\_\_\_

**CURRENT MEDICATIONS:** \_\_\_\_\_

**MEDICAL RELEASE:** I give permission for any certified emergency professional or health care professional to administer any type of medical treatment he/she deems necessary to the above child in case of an emergency and in the event that I cannot be contacted.

**DOCTOR'S NAME** \_\_\_\_\_ **PHONE** (\_\_\_\_) \_\_\_\_\_

**NAME OF INSURANCE** \_\_\_\_\_ **GROUP OR POLICY NUMBER** \_\_\_\_\_

**MOM/GUARDIAN NAME** \_\_\_\_\_ **ADDRESS (if different)** \_\_\_\_\_

**HOME PHONE** (if different) (\_\_\_\_) \_\_\_\_\_ **WORK PHONE** (\_\_\_\_) \_\_\_\_\_ **CELL PHONE** (\_\_\_\_) \_\_\_\_\_

**DAD/GUARDIAN NAME** \_\_\_\_\_ **ADDRESS (if different)** \_\_\_\_\_

**HOME PHONE** (if different) (\_\_\_\_) \_\_\_\_\_ **WORK PHONE** (\_\_\_\_) \_\_\_\_\_ **CELL PHONE** (\_\_\_\_) \_\_\_\_\_

**IN CASE OF EMERGENCY AND I CANNOT BE REACHED, PLEASE CONTACT:** (I understand it is my responsibility to provide current contact information)

**NAME:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_ **HOME PHONE:** \_\_\_\_\_ **CELL/WORK:** \_\_\_\_\_

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES AND DISCHARGES THE CITY OF ALAMEDA, its directors, officers, employees, agents, and independent contractors from all liability to the undersigned and/or his/her personal representatives, assignees, heirs, and next of kin for any loss or damage and any claim or demands accruing or resulting from injury to the person or property or death of the undersigned, whether or not caused by the negligence and/or property of the City of Alameda, its directors, officers, employees, agents, and independent contractors.
2. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE, whether or not it is due to the negligence of the City of Alameda, its directors, officers, employees, agents, and independent contractors or otherwise while in, upon or about the premises of the City of Alameda and/or while using the premises or facilities or equipment thereon.
3. THE UNDERSIGNED HEREBY PERMITS the taking of photographs of themselves and/or the participant by the City of Alameda during recreation classes or activities to be used at the City's discretion. THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement has been made.

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**FEE ENCLOSED: \$** \_\_\_\_\_ **CASH**     **CHK#**     **MC/VISA**     **EXP DATE** \_\_\_\_\_